

REGISTRATION FORM
2001 MINE SAFETY REFRESHER TRAINING
Commerce-S&B-Field Operations Bureau-Mine Safety Program
(Must be received in our office, two weeks before training date)

Please Print: (PLEASE COMPLETE ACCURATELY – USED TO VERIFY ATTENDEE WITH COMPANY)

COMPANY NAME _____

OFFICE CONTACT _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DAY PHONE NO. _____

CHECK ITEMS THAT PERTAIN TO YOU: (MUST BE COMPLETED-USED TO MEET FEDERAL REPORTING REQUIREMENTS)

☐ **SURFACE MINE** (Mine development, drilling, blasting, extraction, milling, crushing, screen or sizing of materials at a mine. Includes maintenance and repair of mining equipment on site associated with haulage of materials within the mine from these activities.)

☐ 1-19 Employees ☐ 20-49 Employees ☐ 50+ Employees

☐ *1999 Safety Service Fee (Paid in 2000)

Co Name Who Paid Fee _____

☐ **INDEPENDENT CONTRACTOR** (Any person, partnership, corporation subsidiary of a corporation, firm associations, or other organization that contract to perform services at a mine operation.)

☐ **OTHER** (Do not meet surface mine or independent contractor definition above.)

DATE OF SESSION _____

LOCATION _____

NAME

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

For additional names, please use back of form

Course seating limited. You will be contacted if the session is full.

☐ **\$30.00 per person**
No. attending _____ X \$30.00 = \$ _____
Amount Enclosed

Make Check Payable to:
Department of Commerce

Mail Registration to: **Safety and Buildings–Credential Unit**
PO Box 1484
Madison, WI 53701-1484
Telephone No: 608-261-8500

☐ ***No Charge – Safety Service Fee Paid IN 2000**

**NO REFUNDS – FEES NONTRANSFERRABLE-
WALK-INS WILL BE TURNED AWAY**

100-143-SBFO-323R-SG67-8200

